## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000022331

Entity Name: VISTA EAST IMPROVEMENT CORP.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
9820 TOWNE CENTRE DRIVE, STE. 100 SUITE 100 SAN DIEGO, CA 92121					
Current Mailing Address:			New Mailing Address:		
9820 TOWNE CENTRE DRIVE, STE. 100 SUITE 100 SAN DIEGO, CA 92121					
FEI Number:	59-3524303	FEI Number Applied For ( ) FEI Number Applied For ( )	mber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE 4 WESTON, FL 33331 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
	Electronic	Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MCLEOD, ROBEI	NTRE DRIVE, STE. 100	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	THOMAS, DEREM	NTRE DRIVE, STE. 100	Title: Name: Address: City-St-Zip:	THOMAS, DE	E CENTRE DRIVE, STE. 100
Title: Name: Address: City-St-Zip:	WHYTE, W. DON	NTRE DRIVE, STE. 100	Title: Name: Address: City-St-Zip:	WHYTE, W.	E CENTRE DRIVE, STE. 100
Title: Name: Address: City-St-Zip:	MULLINS, VIČKI	NTRE DRIVE, STE. 100	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MONSEES, LADO	NTRE DRIVE, STE. 100	Title: Name: Address: City-St-Zip:	MONSEES, L	E CENTRE DRIVE, STE. 100
Title: Name: Address: City-St-Zip:	GUY, MARTHA K	velete NTRE DRIVE, STE. 100 92121	Title: Name: Address: City-St-Zip:	GUY, MARTH	E CENTRE DRIVE, STE. 100

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE VAN SLACK, AUTHORIZED REP. MS. 01/13/2006